

OF EUPHEMISMS AND EUTHANASIA:
THE LANGUAGE GAMES OF THE NAZI DOCTORS
AND SOME IMPLICATIONS FOR THE MODERN
EUTHANASIA MOVEMENT

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ABSTRACT

Euphemisms are place-holders for important concepts. They may disguise a practice which one might abhor if it were given another name. In Nazi Germany during World War II, euphemisms were used to desensitize physicians and society to the horrors of a program of euthanasia. This article examines some of the euphemisms used by the Nazi physicians to redefine medicalized killing, compares the Nazi language games with those of contemporary proponents of medicalized killing, and concludes that the consistent application of euphemisms for medicalized killing significantly weakens arguments against assisted killing.

We should watch the way we talk. Human society can be described as a long conversation about what matters. In this conversation, the language we use to describe our social practices not only reveals our attitudes and virtues, it shapes them (Winslow, 1994, p. 1).

Nowhere is the revelatory and shaping function of words more evident than in the contemporary debate about physician-assisted suicide and euthanasia. Nearly everyone is aware of the role metaphors play in healthcare. For instance, Susan Sontag (1978) has written of the “punitive” uses of “illness as metaphor.” A blistering commentary on medical education, Samuel Shem’s (1978) *The House of God*, allows non-physicians to peek behind the veil and see the use of pejorative metaphors used by medical residents. In *The House of God*, a patient “who has lost—often through age—what goes into being a human being,” was labeled a

GOMER (Get Out of My Emergency Room). More recently, Edmund Pellegrino (1994) has written on the perils of metaphors in healthcare reform in his essay, "Words *Can* Hurt You: Some Reflections On the Metaphors of Managed Care." Indeed, words can hurt you.

Words can also help you. That is, the proper choice of words can ennoble the healthcare profession. Winslow (1994) has said, "To call health care a ministry is to emphasize faithful service, devotion, and compassion" (p. 5). Words can elevate the patient from "room 3, CABG procedure" to "Mary Smith, wife, mother, community leader" or from "*the patient*" to "*my patient*."

In addition to metaphors, euphemisms shape the way we think about healthcare, physicians, and patients. According to linguists Keith Allan and Kate Burridge (1991), "a euphemism is used as an alternative to a dispreferred expression, in order to avoid possible loss of face: either one's own face or, through giving offense, that of the audience, or of some third party" (p. 11). Through the use of euphemism and dysphemism, language may be used as either a shield or a weapon.

To speak euphemistically is to use language like a shield against the feared, the disliked, the unpleasant; euphemisms are motivated by the desire not to be offensive, and so they have positive connotations; in the least euphemisms seek to avoid too many negative connotations. They are used to upgrade the denotation (as a shield against scorn); they are used deceptively to conceal the unpleasant aspects of the denotation (as a shield against anger); and they are used to display in-group identity (as a shield against the intrusion of the out-groupers) (Allan & Burridge, 1991, pp. 221-222).

The use of euphemisms has important implications for the practice of moral medicine. In fact, the erosion of medicine under Hitler was, at least in part, due to the way euphemisms for medicalized murder were used so effectively. The present debate about euthanasia and assisted-suicide desperately needs to be informed by this history. The language games played by the Nazi doctors have critical implications for the present debate.

In the remainder of this article, I will 1) examine some of the euphemisms used by the Nazi physicians to redefine medicalized killing, 2) compare the Nazi language games with those of contemporary proponents of medicalized killing, and 3) conclude that the consistent application of euphemisms for medicalized killing significantly weakens arguments against assisted killing.

MEDICALIZED MURDER UNDER DICTATORSHIP

Leo Alexander, a physician-consultant on duty with the Chief Counsel for War Crimes, wrote a devastating critique of "Medical Science Under Dictatorship" in the July 1949 *New England Journal of Medicine*. Alexander (1949) asserted that

"Nazi propaganda was highly effective in perverting public opinion and public conscience, in a remarkably short period of time" (p. 40). Alexander showed how the barrage of propaganda against what he called "the traditional nineteenth-century attitudes toward the chronically ill" fueled the fires of the furnaces at Dachau, Auschwitz, and the other killing centers erected under Hitler. Filmmaker John Michalczyk (1994) mentioned two silent film documentaries, *Was du erbst* (What You Inherit) and *Erb Krank* (The Hereditarily Ill), produced by the Nazi government which depicted images of the severely handicapped and mentally ill (p. 65). Later, two additional films, *Opfer der Vergangenheit* (Victims of the Past) and *Das Erbe* (The Inheritance), were shown under order of the Führer in all 5,300 German theaters. In 1939, *Dasein ohne Leben* (Existence without Life), was produced under commission of those who ran the infamous Operation T-4 euthanasia campaign. This film was "designed to reassure those involved in the euthanasia program that this was an ethical and humane procedure" (Michalczyk, 1994, p. 67). While copies of *Dasein ohne Leben* were all destroyed, a copy of the script was recovered after the war.

Commenting on the contents of the script, Michalczyk (1994) observed,

As the professor clinically describes the masses of 400,000 German patients in mental asylums, images of the helpless wards punctuate his words . . . In a pseudo-humane tone, the lecturer uses religious language of mercy killing to help "liberate" these creatures, while simultaneously denying these individuals their humanity. How cruel it would be to maintain these spiritually dead people as "living corpses." It is a sacred demand of charity that we eliminate the suffering of these helpless individuals, the film advocates. To show how humane this process is, the lecturer concludes by confessing that if he were struck down by a crippling disease, he himself would opt for mercy killing (p. 67).

From the film:

Isn't it the duty of those concerned to help the incapable—and that means total idiots and incurable mental patients—to their right?

Is that not a sacred command of charity?

Deliver those you cannot heal!

The Director of a large mental institution asked this question of the parents of all his incurable charges.

73% answered "Yes."

A mother wrote: "Don't ask, do it!" [this citation literally burned on the screen] (Burleigh, 1994, p. 199).

Finally, the film with the highest production values was made in 1941. *Ich klage an!* (I Accuse) takes up a familiar story. Hanna Heyt, the heroine of the film, shows signs of physical deterioration due to multiple sclerosis. She makes it

clear that she does not wish to spend her last days in a “vegetative state.” Her husband, Thomas, in consultation with her physician, gives her an overdose which kills her. A dramatic courtroom sequence follows.

. . . Thomas accuses the law of not helping in the case of his wife’s suffering. The defense concludes that the law must be changed to allow mercy killing for humanitarian reasons. The film ends by putting the verdict in the hands of the audience (Burleigh, 1994, p. 69).

From the film:

SCHÖNBRUNN Gentlemen, if you ask me, Professor Heyt must be acquitted because he is an example to every doctor. I know I am touching on a sensitive issue, but at the same time it is a very inflexible point in our current moral and social view.

HUMMEL I don’t know . . . if one simply allows this sort of thing—will people still go to see their doctors?

SCHÖNBRUNN “Simply allows?” One must . . .

ROLFS Now look, what if—and I’ve been drawing an invalidity pension all my life—what if I go off sick one day, then they might simply do away with me?

SCHÖNBRUNN For God’s sake! . . . The most important precondition would always be that the patient wished it!

ROLFS Many of them will, for a moment or two.

HUMMEL When one of them is mentally ill, they sometimes want it.

SCHÖNBRUNN Yes: if someone is deranged, or depressed or for one reason or another has no will of his own, then the state must assume responsibility! It must establish a commission consisting of doctors and lawyers, with a proper legal character. One should no longer have to stand by watching thousands of people who in earlier times would have died a gentle death, but who nowadays have to endure the most awful suffering simply because the doctors know how to prolong their poor lives artificially (Burleigh, 1994, p. 214).

The post-war testimony of Nazi doctors confirms the impact of the film in shaping their notions of the morality of euthanasia (Lifton, 1986, p. 49). For anyone acquainted with the contemporary debate on euthanasia and assisted suicide, these are familiar word pictures and arguments. The film makes use of the euphemisms for euthanasia: “right to die,” “caring,” “make the poor woman’s end less painful,” “I delivered my wife,” and others.

As we now know, the euthanasia program did not stop with the killing of the mentally disabled, the feeble, and the terminally ill. Aly (1994) recounts that “In 1941, the SD killing units active in the East reported with barbaric regularity that in addition to ‘Soviet commissars,’ Jews, and the mentally ill, they were shooting capital criminals, beggars, and ‘trouble-makers’” (p. 59). Patients suffering from specified diseases, persons who were continually institutionalized for at least five

years, the criminally insane, and those who were not German citizens or not of Aryan descent were murdered under Hitler's "Final Solution."

Interestingly, even the institutions established to evaluate prospective patients for euthanasia were euphemistically named: "Realm's Work Committee of Institutions for Cure and Care," "Realm's Committee for Scientific Approach to Severe Illness Due to Heredity and Constitution," "Charitable Foundation for Institutional Care," and "Charitable Transport Company for the Sick" (Alexander, 1949, pp. 40-41). According to Alexander (1949), this latter institution, "brought 150-250 brains at a time to a Dr. Hallervorden, a neuropathologist for the Third Reich" (p. 40). Hallervorden remarked:

There was wonderful material among those brains, beautiful mental defectives, malformations, and early infantile diseases. I accepted those brains of course. Where they came from and how they came to me was really none of my business (Alexander, 1949, p. 40).

While examples of the ubiquitous use of euphemisms in Nazi "medicine" could go on *ad nauseam*, a few examples from Nazi diaries and journals must suffice. Christian Pross (1994) has argued persuasively that the best source for understanding the methods of Nazi medicine is not the post-war interviews with the Nazi doctors found in much of Robert J. Lifton's (1986) illuminating volume, *The Nazi Doctors: Medical Killing and the Psychology of Genocide*. Rather, says Pross, "The diaries, letters, and publications of Nazi doctors of the time . . . contain few elements of idealism or the high ethical standards of the 'physician-self,' and thus scant evidence of 'doubling'" (p. 13). The notion of "doubling" to which Pross refers is a notion introduced by Robert Lifton to explain how the Nazi doctors could perform heinous acts while thinking themselves to be noble physicians. In brief, Lifton argues that the Nazi doctors experienced a psychological "personality split" in which the "Auschwitz-Self" and the "physician-self" existed simultaneously in the same mind.

Only a few months after the suspension of Operation T-4, legislation was introduced to legalize institutionalized euthanasia. Aly (1994) recounted that the law required the Reich Minister of the Interior to appoint a Reich Commissioner who would oversee all institutions "concerned, even in part, with the accommodation and treatment of the mentally ill, feeble-minded, epileptics, and psychopaths" (p. 165). Euthanasia was justified under the new legislation as part of "wartime economic measures" (p. 165). Beds would need to be made available for Nazi soldiers wounded in the war. Thus, something would have to be done with those who were presently occupying the beds and who were exhausting scarce medical resources. According to Aly, by the time the new law became effective the Reich Association of Mental Hospitals had already killed over 70,000 patients. Under the new law the Reich Commissioner for Mental Hospitals was subordinate to the Minister of the Interior and was authorized "to take

necessary measures" to maintain the economic viability of the asylums-turned-army hospitals (p. 165). Patients were labeled as having lives which were "usable," "unusable," "worthy," and "unworthy" (Aly, 1994, p. 165).

The designation, "Life Unworthy of Living" (*lebensunwertes Leben*) was an established euphemism decades before the war. In 1920 Karl Binding and Alfred Hoche wrote what was to become a most influential tract on euthanasia, "Permitting the Destruction of Unworthy Life" (Binding & Hoche, 1992). While Binding and Hoche frequently used the term "killing" when referring to euthanasia, they were also fond of euphemisms. For instance, Binding said of killing a patient who is experiencing pain, "This is not `an act of killing in the legal sense' but is rather the modification of an irrevocably present cause of death which can no longer be evaded. *In truth it is a purely healing act*" (p. 240, emphasis added). Interestingly, this method of referring to medicalized killing was used by some of the Nazi doctors themselves. One of the physicians who euthanized children under T-4 said, "there was no killing, strictly speaking . . . People felt this is not murder, it is a putting-to-sleep" (Lifton, 1986, p. 57).

Murderous medicine was also couched in economic euphemisms. In 1944, for instance, H. J. Becker, acting head of the Central Clearinghouse for Mental Hospitals, introduced measures to govern the so-called "practical work" of the asylums. This euphemism was, according to Aly (1994), a reference to "thousands of murders" by Nazi physicians (p. 180). Becker was an indefatigable number-cruncher. He "even calculated economic losses due to friction resulting from `unproductive excitement' over the death of a `useless person'" (Aly, 1994, p. 182).

As late as February 1945, Hans Joachim Becker issued a form with which doctors were to report sick forced laborers who "would probably remain in the institution for more than four weeks, "In the final days of the Third Reich, a forced laborer who might not be able to work for more than four weeks had lost the right to live. The decision was no longer made by a physician but by the Central Clearinghouse on the basis of a few lines in a "report of findings" (Aly, 1994, p. 184).

Clearly, euphemisms for murder played a significant role in the Nazi euthanasia program. What Lifton (1986) called "detoxifying language" contributed to an ethos which allowed physicians to turn from healers to killers. Convicted that some patients and, by extension, all Jews were merely "human ballast" who had ". . . lives which have so completely lost the attribute of legal status that their continuation has permanently lost all value, both for the bearer of that life and for society" (Binding & Hoche, 1992, p. 246), Nazi physicians perpetrated undeniable atrocities in human experimentation and euthanasia.

THE CONTEMPORARY CAMPAIGN

Examples of euphemisms are ubiquitous in the contemporary debate on euthanasia and assisted-suicide. Both the popular and academic presses have inundated the book shelves with euphemistic titles. *Final Exit: The Practicalities of Self-Deliverance and Assisted Suicide for the Dying* (Humphry, 1991), *The Least Worst Death: Essays in Bioethics at the End of Life* (Battin, 1994), and *Prescription: Medicide* (Kevorkian, 1991) are just a few of the books. Such titles may be excused by acknowledging the titillating nature of marketing strategies, but a more sobering look at contemporary euphemisms and linguistic strategies is in order.

First, we have our own genre of assisted-dying films from the feature film *Who's Life is it Anyway?*, to more obscure videos such as, *Please Let Me Die*, and made-for-TV-movies such as *Last Wish*. *Last Wish* is an ABC-TV movie based on Betty Rollin's 1985 book about helping her mother commit suicide. The movie received mixed reactions. David Klinghoffer (1992) reviewing the film for the *Washington Times* said the movie was "a noxious concoction" which ignores "the entire body of Western moral teaching." At the same time, movie reviewer Susan Stewart (1992) of the *Detroit Free Press* said the film was so "inspiring" that "at times, you're actually able to forget you're being proselytized." In addition, there are the occasional PBS airings of documentaries which bring the Dutch euthanasia experience into our living rooms. Most recently, of course, the now infamous Dr. Kevorkian brought us face-to-face with active euthanasia on the television program *60 Minutes*.

Second, popular culture is suffused with euphemisms for euthanasia. "Mercy killing," "merciful death," "death with dignity," "painless end to suffering," "termination of life," "humane treatment," and even "comfort care" are part of the public conversation. Recently, neologisms such as "managed death" (Sulmasy, 1995, pp. 133-136) have crept into the glossary of terms for euthanasia (itself an euphemism). Former member of Congress and professor of law at Georgetown University, Robert F. Drinan (1995) published a commentary arguing that "The debate about the moral and legal issues that arise when a terminally ill patient wants to shorten the period of suffering should not be confused with suicide. Perhaps the more appropriate term is `expedited death.'" Though unlikely to catch on, this euphemism, like the others, demonstrates how far some are willing to go to avoid the obvious.

Third, most people understand and acknowledge the need for effective euphemisms if advocacy of assisted-dying is to be successful. University of Utah professor and medical ethicist Margaret Pabst Battin (1994) takes Drinan one step further. In her challenging volume, *The Least Worst Death: Essays in Bioethics on the End of Life*, Battin argues that American medicine should learn its lesson about euthanasia and assisted suicide not from the Dutch, but from contemporary Germany.

Battin observes that Germans have at least four words for “suicide” (*Selbstmord*, *Selbsttötung*, *Suizid*, and *Freitod*). She laments the obvious poverty of the English language to equal the nuances of colloquial German. The word which possesses the preferred connotation is *Freitod* (“free death”). Says Battin, “The very concept of *Freitod*—a notion without religious, altruistic overtones and without negative moral or psychological implications, but that celebrates the voluntary choice of death as a personal expression of principled idealism—is, in short, linguistically unfamiliar to English speakers” (p. 263).

Perceptively, Battin (1994) acknowledges that some kind of language game is necessary if American culture is going to accept medicalized killing of any sort.

Language is crucial in shaping attitudes about end-of-life practices, and because of the very different lexical resources of English and German, it is clear that English speakers cannot straightforwardly understand the very different German conception of these matters. Even in situations of terminal illness, the very concept of voluntary death resonates differently for the German speaker who conceives of it as *Freitod* than it does for the English speaker who conceives of it as *suicide* (p. 263).

Later in the chapter she admits, “. . . what we see is that we are limited by our own language, and do not have the linguistic resources for understanding the issue in the way members of another culture can” (p. 265). Clearly, then, for Battin the issue is the language we use to describe medicalized killing. This brings us full circle. Language matters.

Finally, when euphemisms find their way into public policy, clarity gives way to ambiguity. For instance, Oregon’s recent narrowly passed assisted-suicide legislation makes use of at least a couple of critical euphemisms. First, the title of the legislation is, “The Oregon Death With Dignity Act.” Interestingly, in §1.01, definitions are provided for a host of words found in the legislation, including definitions for “adult,” “attending physician,” “consulting physician,” “counseling,” “patient,” and “qualified patient,” among others. Yet, there is no definition of “dignity” or even “death with dignity.” As Paul Ramsey (1974) pointed out just over two decades ago, “death with dignity” may in fact be a gross “indignity” (pp. 47-62).

Furthermore, the “Death With Dignity Act” makes repeated reference to death in “a humane and dignified manner” without defining or distinguishing between a “humane act” and an “inhumane act.” Section 4.01.1, on immunities specifies, “No person shall be subject to civil or criminal liability or professional disciplinary action for participating in good faith with this Act. This includes being present when a qualified patient takes the prescribed medication to end his or

her own life in a humane and dignified manner." Thus, the law presupposes that assisted self-murder is, within specified parameters, a "humane" act. Moreover, the language tends to imply that a physician is "inhumane" if he or she refuses to comply with the requests of a patient who wants to kill himself or herself. But what makes that the case? Unless "humane" is appropriately defined, the language of the Act remains ambiguous.

Better designed studies on attitudes toward medicalized killing have sought to rid survey language of the ambiguity of euphemisms. For instance, in a survey of 1,355 randomly selected physicians in the state of Washington, Jonathan Cohen et al. (1994), used the phrase "prescription medication [e.g., narcotics or barbiturates] or the counseling of an ill patient so he or she may use an overdose to end his or her own life" instead of "physician-assisted suicide" (pp. 89-94). Instead of "euthanasia" the survey used the phrase, "deliberate administration of an overdose of medication to an ill patient at his or her request with the primary intent to end his or her life." One must wonder what the response of voters would have been if the legislation had been titled, "The Legalized Self-Murder Act" or "The Assisted Self-Killing Act."

CONCLUSION

Euphemisms—using a less direct word or phrase for one considered offensive—are linguistic devices which are place-holders for notions or practices we would consider abhorrent if we called them what they are. Euphemisms take the sting out of practices we would otherwise disdain.

While it has not been the purpose of this article to argue that medicalized killing is wrong, it is the candid presupposition. Nevertheless, arguments can be made from "both sides of the isle" that euphemisms do not serve the purpose of perspicacious speech or informed decision-making.

I have argued that the Nazi use of euphemisms enable physicians in the Third Reich to commit horrendous atrocities and yet sleep well at night. I have argued, furthermore, that the ever-present use of euphemisms in the contemporary debate over medicalized killing contributes to ambiguity and has the effect of salving the consciences of many who embrace its tenets.

If those who oppose medicalized killing are to contribute to informed public debate on the topic, it is important that they are not accomplices in using euphemisms for murder. They must not succumb to such usage under the umbrella of being viewed as irenic debaters. In sum, we need to tell it like it is: euthanasia and assisted-suicide are really medicalized murder and complicity to self-murder respectively. The use of euphemisms significantly weakens the argument of those who find medicalized killing morally abhorrent. Such language games permit our

culture to hide behind the veil of pseudo-mercy and false conceptions of the humane.

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